

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17091

State File No. _____
Registrar's No. **2368**

FILED JUN 7 1943
Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **5328 South Benton**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **53 years** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

John W. Patterson

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Pearl Patterson**

6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **March 1, 1878**
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **18** If less than one day hr. min.

9. Birthplace **Marshall Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**
Self Employed

11. Industry or business

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a). Informant **Pearl Patterson**

(b) Address **5328 South Benton**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **5/24/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director: **Datkins Bros.**

(b) Address **1729 Lydia**

19. (a) **5-24-43** (Date received local registrar) (b) **M. M. Grame** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5328 South Benton**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19th**
year **1943** hour **9:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 12th 1942** to **May 19th 1943**
that I last saw him alive on **May 8th 1943**
and that death occurred on the date and hour stated above

Immediate cause of death **Myocardial Infarction**
Aneurysm

Due to **30 D**

Due to _____

Other conditions **Bronchitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **P. J. Juggenheims** (M.D. or other)

Address **2202 E. 18th** Date signed **5/24/43**

Suggenheim

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jerome Mandave

Licensed Embalmer No. *3994*

P. O. Address: *2503 Highland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.